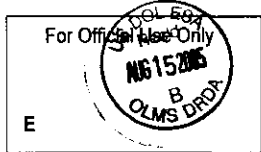


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6214</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Michael D Bauer  P.O. Box, Bldg., Room No., if any  Street 414 Colgate Avenue  City Elyria  State Ohio ZIP Code + 4 44035	4. Name, file number, and address of labor organization.  Name Ohio Council 8, AFSCME, AFL-CIO  Labor Organization File Number <b>512927</b>  P.O. Box, Building and Room Number, if any  Street 6800 North High Street  City Worthington  State Ohio ZIP Code + 4 43085
5. Position in labor organization.  Cleveland Regional Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael D. Bauer

On 8/11/05 216 241 4554  
Date Telephone Number

Name of Person Filing <b>Michael D. Bauer</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Medical Mutual</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <b>17800 Royalton Road</b>  City <b>Cleveland</b>  State <b>Ohio</b> ZIP Code + 4 <b>44136-5149</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____     ZIP Code + 4: _____	<b>11.a. Nature of such dealing.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>Medical Mutual contracts with Ohio Council 8, AFSCME, AFL-CIO to provide health care insurance benefits to employees of the Council.</b> </div>
	<b>11.b. Approximate dollar value of such dealing.</b> <b>\$ Unknown to filer</b>
	<b>12.a. Nature of interest held or income received.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>Cleveland Building Trades Golf Outing. Complimentary round of golf. June 10, 2004.</b> </div>
	<b>12.b. Amount.</b> <b>\$75.00</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____     ZIP Code + 4: _____	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> </div>
<b>13.b. Is the Business an Employer     or Consultant     ?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Michael D. Bauer</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Medical Mutual</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>17800 Royalton Road</b>  City <b>Cleveland</b>  State <b>Ohio</b> ZIP Code + 4 <b>44136-5149</b>	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____      ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>  <b>Medical Mutual contracts with Ohio Council 8, AFSCME, AFL-CIO to provide health care insurance benefits to employees of the Council.</b>  <hr/> <b>11.b. Approximate dollar value of such dealing.</b> <b>\$Unknown to filer</b>  <b>12.a. Nature of interest held or income received.</b>  <b>Cleveland CAVS Game. Two (2) complimentary tickets (\$190.00) and food (\$56.90). December 26, 2004.</b>  <hr/> <b>12.b. Amount.</b> <b>\$246.90</b>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____      ZIP Code + 4 _____	<b>14.a. Nature of payment.</b>  _____  _____  _____
<b>13.b. Is the Business an Employer      or Consultant      ?</b>	<b>14.b. Amount of payment.</b>  _____

Name of Person Filing <b>Michael D. Bauer</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Kaiser Permanente  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any North Point Tower Ste 1200  
 Street 1001 Lakeside Avenue  
 City Cleveland  
 State Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer (s)

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name City of Cleveland  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street 601 Lakeside Ave.  
 City Cleveland  
 State Ohio ZIP Code + 4 44114

Additional employer:  
 Cuyahoga County Board of County Commissioners  
 1219 Ontario Street  
 Cleveland, Ohio 44113

11.a. Nature of such dealing.

Kaiser Permanente contracts with employers to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-CIO.

11.b. Approximate dollar value of such dealing. unknown to filer

12.a. Nature of interest held or income received.

UAW Golf Outing.  
 Complimentary round of golf.  
 August 5, 2004.

12.b. Amount. \$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <b>Michael D. Bauer</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Kaiser Permanente  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any North Point Tower Ste 1200  
 Street 1001 Lakeside Avenue  
 City Cleveland  
 State Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☒ c. Employer (s)

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name City of Cleveland  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street 601 Lakeside Ave.  
 City Cleveland  
 State Ohio ZIP Code + 4 44114

Additional employer:  
 Cuyahoga County Board of County Commissioners  
 1219 Ontario Street  
 Cleveland, Ohio 44113

11.a. Nature of such dealing.

Kaiser Permanente contracts with employers to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-CIO.

11.b. Approximate dollar value of such dealing. unknown to filer

12.a. Nature of interest held or income received.

ULA Golf Outing.  
 Complimentary round of golf.  
 June 8, 2004.

12.b. Amount. \$125.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <b>Michael D. Bauer</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Kaiser Permanente</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>North Point Tower Ste 1200</u></p> <p>Street <u>1001 Lakeside Avenue</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer (s)</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>City of Cleveland</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>601 Lakeside Ave.</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p> <p>Additional employer: Cuyahoga County Board of County Commissioners 1219 Ontario Street Cleveland, Ohio 44113</p>	<p>11.a. Nature of such dealing.</p> <p><b>Kaiser Permanente contracts with employers to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-CIO.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>unknown to filer</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Steelworkers Golf Outing. Complimentary round of golf. August 6, 2004.</b></p> <p>12.b. Amount. <b>\$125.00</b></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>Michael D. Bauer</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Kaiser Permanente</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>North Point Tower Ste 1200</u></p> <p>Street <u>1001 Lakeside Avenue</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer (s)</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>City of Cleveland</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>601 Lakeside Ave.</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p> <p>Additional employer: Cuyahoga County Board of County Commissioners 1219 Ontario Street Cleveland, Ohio 44113</p>	<p>11.a. Nature of such dealing.</p> <p><u>Kaiser Permanente contracts with employers to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-CIO.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>unknown to filer</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Complimentary round of golf. December 2, 2004.</u></p> <p>12.b. Amount. <u>\$125.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	Michael D. Bauer	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Duvin, Cahn &amp; Hutton, LLP</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Erievue Tower, 20th Fl.</u></p> <p>Street <u>1301 East Ninth Street</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Ohio AFSCME Care Plan</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1603 East 27th Street</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>11.a. Nature of such dealing.</p> <p>Duvin, Cahn &amp; Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.</p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown to filer.</u></p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner on March 3, 2004.</p> <p>12.b. Amount. <u>\$44.49</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



Name of Person Filing <b>Michael D. Bauer</b>	File Number, U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Duvin, Cahn & Hutton, LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Erieview Tower, 20th Fl.**

Street **1301 East Ninth Street**

City **Cleveland**

State **Ohio** ZIP Code + 4 **44114**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Ohio AFSCME Care Plan**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1603 East 27th Street**

City **Cleveland**

State **Ohio** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. **Unknown to filer**

12.a. Nature of interest held or income received.

Dinner on April 16, 2004.

12.b. Amount. **\$78.24**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D., Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erieview Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer.

12.a. Nature of interest held or income received.

Lunch on June 2, 2004.

12.b. Amount.

\$32.23

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D. Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer

12.a. Nature of interest held or income received.

Lunch on June 15, 2004.

12.b. Amount.

\$36.24

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D. Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer

12.a. Nature of interest held or income received.

Golf on September 30, 2004.

12.b. Amount.

\$49.75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D. Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer

12.a. Nature of interest held or income received.

Dinner on September 30, 2004.

12.b. Amount. \$106.44

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D., Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

## 11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

## 11.b. Approximate dollar value of such dealing.

Unknown to filer

## 12.a. Nature of interest held or income received.

Cleveland CAVS Game - 1 ticket and food.  
February 17, 2004.

## 12.b. Amount.

\$113.65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

## 14.b. Amount of payment.

Name of Person Filing

Michael D. Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer

12.a. Nature of interest held or income received.

Dinner the evening before the Ohio AFSCME Care Plan Board of Trustees meeting provided by Duvin, Cahn & Hutton. April 13, 2004.

12.b. Amount.

\$87.60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Michael D., Bauer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.Street 1301 East Ninth StreetCity ClevelandState Ohio ZIP Code + 4 44114

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1603 East 27th StreetCity ClevelandState Ohio ZIP Code + 4 44114

## 11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer

## 12.a. Nature of interest held or income received.

Dinner the evening before the Ohio AFSCME Care Plan Board of Trustees meeting provided by Duvin, Cahn & Hutton. November 9, 2004.

12.b. Amount.

\$84.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.